



CITY OF LONG BEACH
DEPARTMENT OF HUMAN RESOURCES
REQUEST FOR EXTENDED LEAVE OF ABSENCE
(Reference: Personnel Policy 5.1)

COMPLETED BY EMPLOYEE OR AUTHORIZED REPRESENTATIVE

Employee (please print): _____ Position Title: _____

Department/Bureau/Division: _____

Reason for request: _____

Date of Leave: _____

Date of Return to Work: _____

I understand that I am responsible for payment of all insurance premiums, including the City's portion, while on an unpaid leave of absence. I also understand that a leave of 180 consecutive days or more requires that I must complete an examination at the Health Department prior to reinstatement.

Employee Signature Date

COMPLETED BY EMPLOYEE'S DEPARTMENT

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APPROVED

(I understand that, upon return from leave, employee is entitled to the same or a substantially-similar position).

Impact on Department/Bureau/Division: _____

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DENIED

I recommend denial of the employee's request for the following reason(s):

I have discussed the reason(s) for denial with the employee on: Date _____

Comments:

Supervisor Signature Date

Department Head Signature Date

HUMAN RESOURCES DEPARTMENT

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APPROVED

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DENIED

Comments:

Director of Human Resources or Designee Date